

# Refugee Resettlement and Contexts for Refugee Health

Presentation to  
CT Public Health Association  
Health Education Committee  
CT Dept. of Transportation, Newington, CT  
September 11, 2013

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# Overview

1. “Refugee”
2. Refugee Resettlement System
3. Refugee Health
4. Refugee Health Program at DPH

“Refugee”

# “Refugee”: A Definition

Simplified version of *1951 Convention of the Status of Refugees* definition:

“A refugee is someone who has fled from his or her home country and cannot return because he or she has a well-founded fear of persecution based on religion, race, nationality, political opinion or membership in a particular social group.”

(U.S. Department of State, Bureau of Population, Refugees, and Migration. Refugee Admissions )

# Who is a “Refugee”? Who is an “Immigrant”?

- A Permanent Resident Alien is defined by the U.S. Citizenship and Immigration Services (USCIS) as:
  - “[a]n alien admitted to the United States as a lawful permanent resident. Permanent residents are also commonly referred to as immigrants... Lawful permanent residents are legally accorded the privilege of residing permanently in the United States. They may be issued immigrant visas by the Department of State overseas or adjusted to permanent resident status by U.S. Citizenship and Immigration Services in the United States.”
- Note: The RIHP receives medical information about some permanent immigrants. The Program does not normally monitor the health of tourists, students, workers, or undocumented persons.

# Refugees: Global

The United Nations High Commissioner for Refugees (UNHCR) recently determined that “there are approximately 15.4 million refugees in the world.”

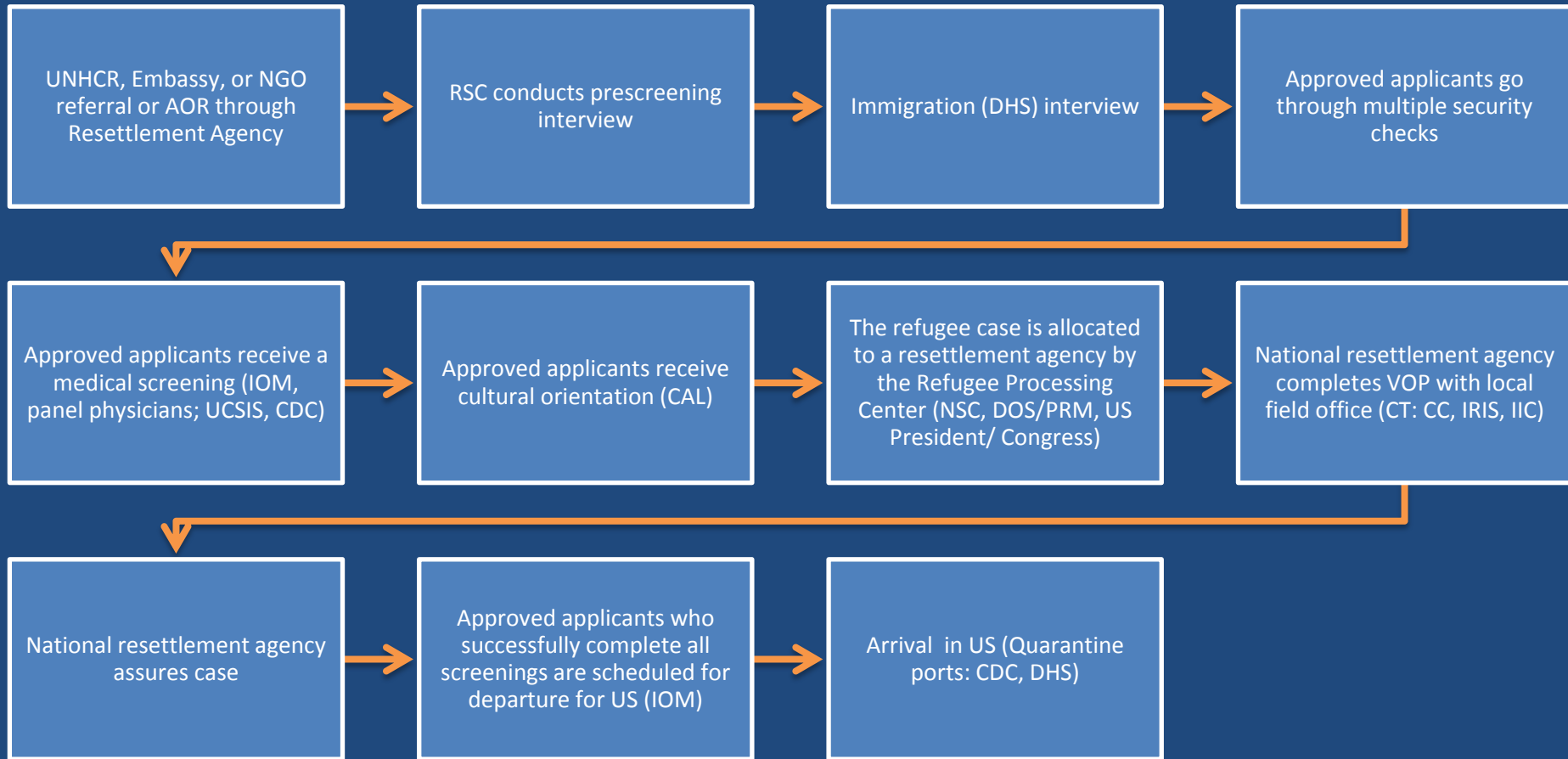
(U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM). Refugee Admissions. Accessed August 13, 2013.)

There are 33.9 million “people of concern” to the UNHCR, including refugees, IDPs [internally displaced persons], & stateless persons.

(UNHCR. 2012. State of the World’s Refugees: In Search of Solidarity)

# Refugee Resettlement Process

# REFUGEE ADMISSIONS PROCESS



(Adapted from International Rescue Committee: Refugee 101 Presentation, October 2011.)



# Refugee Entry: Miscellaneous

“...[T]he average time from the initial UNHCR referral to arrival as a refugee in the United States is generally from **eight months to one year.**”

*(From Bureau of Population, Refugees, and Migration, Fact Sheet: Refugee Resettlement in the United States, September 16, 2010)*

Some refugees have been in refugee camps and other refugee settlements for decades.

Number of proposed refugee entrants President Obama has requested, FFY 2013: **70,000.**

*(From U.S. Department of State, Proposed Refugee Admissions for Fiscal Year 2013: Report to the Congress , September 11, 2012).*

# Other Categories of Entrants to U.S. and CT: Have Access to Many “Refugee” Services

Asylees

Cuban/Haitian entrants

Amerasians

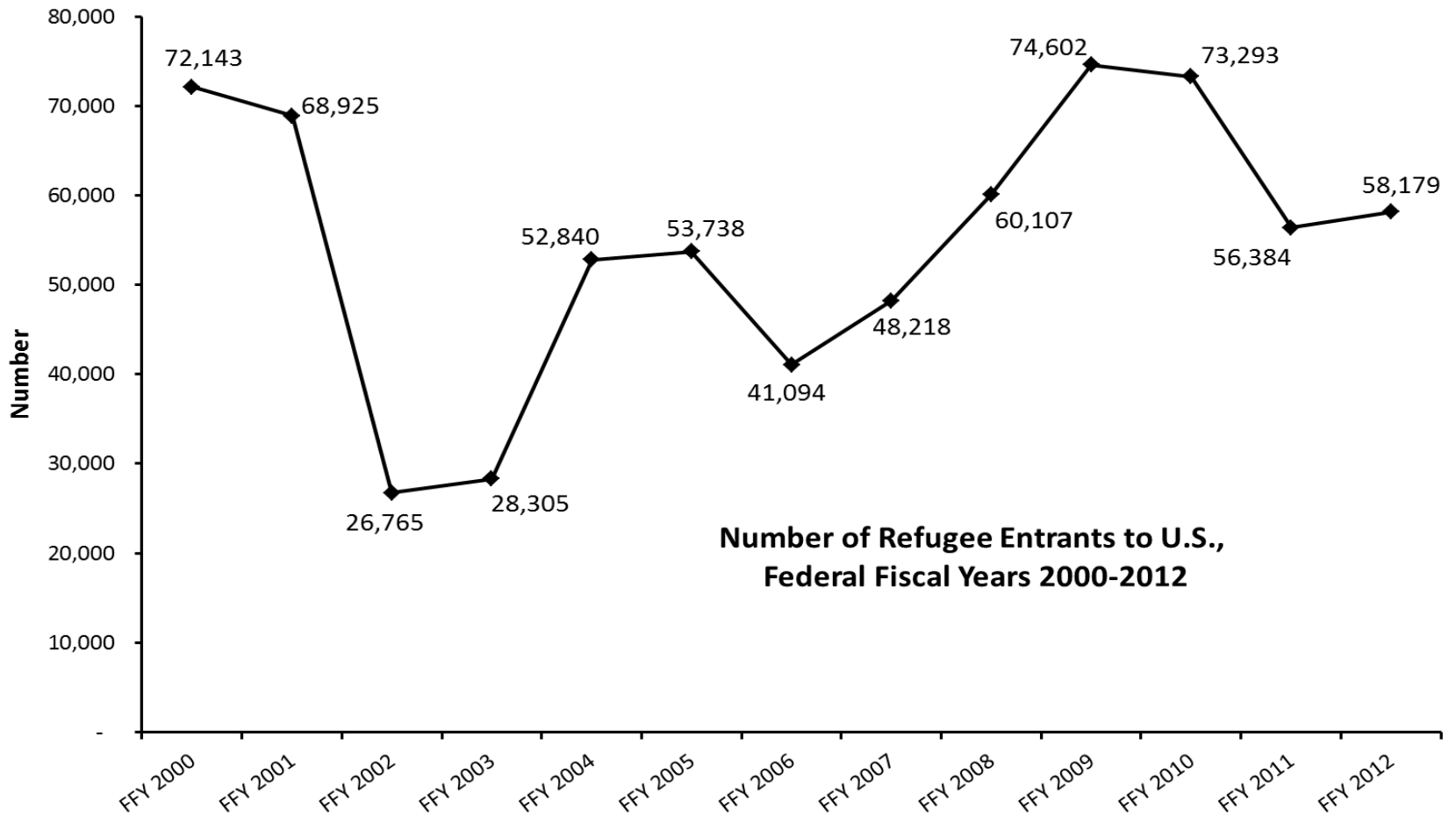
Victims of Human Trafficking

Unaccompanied Alien Children

Survivors of Torture

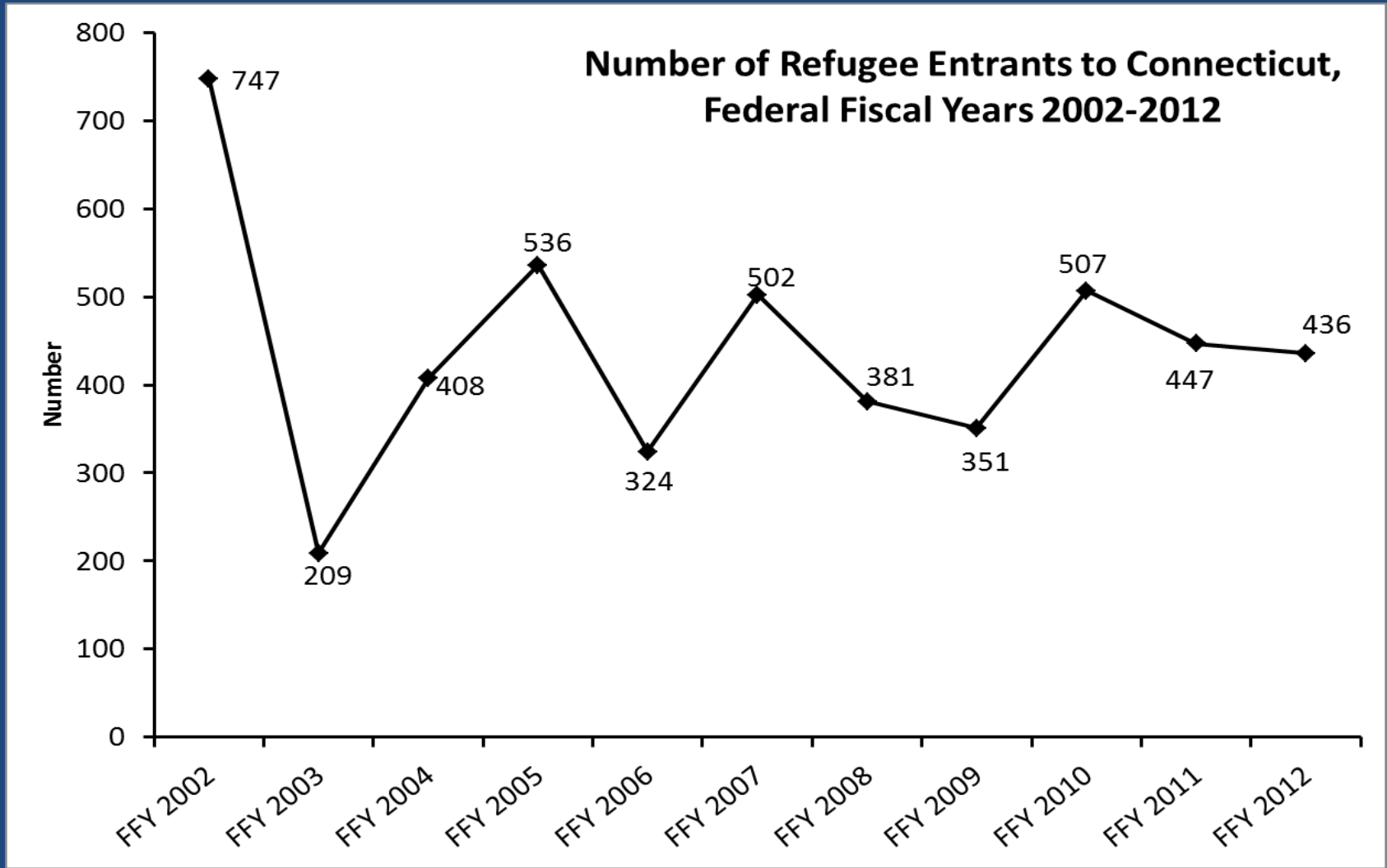
(U.S. Department of Health and Human Services, Office of Refugee Resettlement, What We Do)

# Refugee Statistics I: U.S.



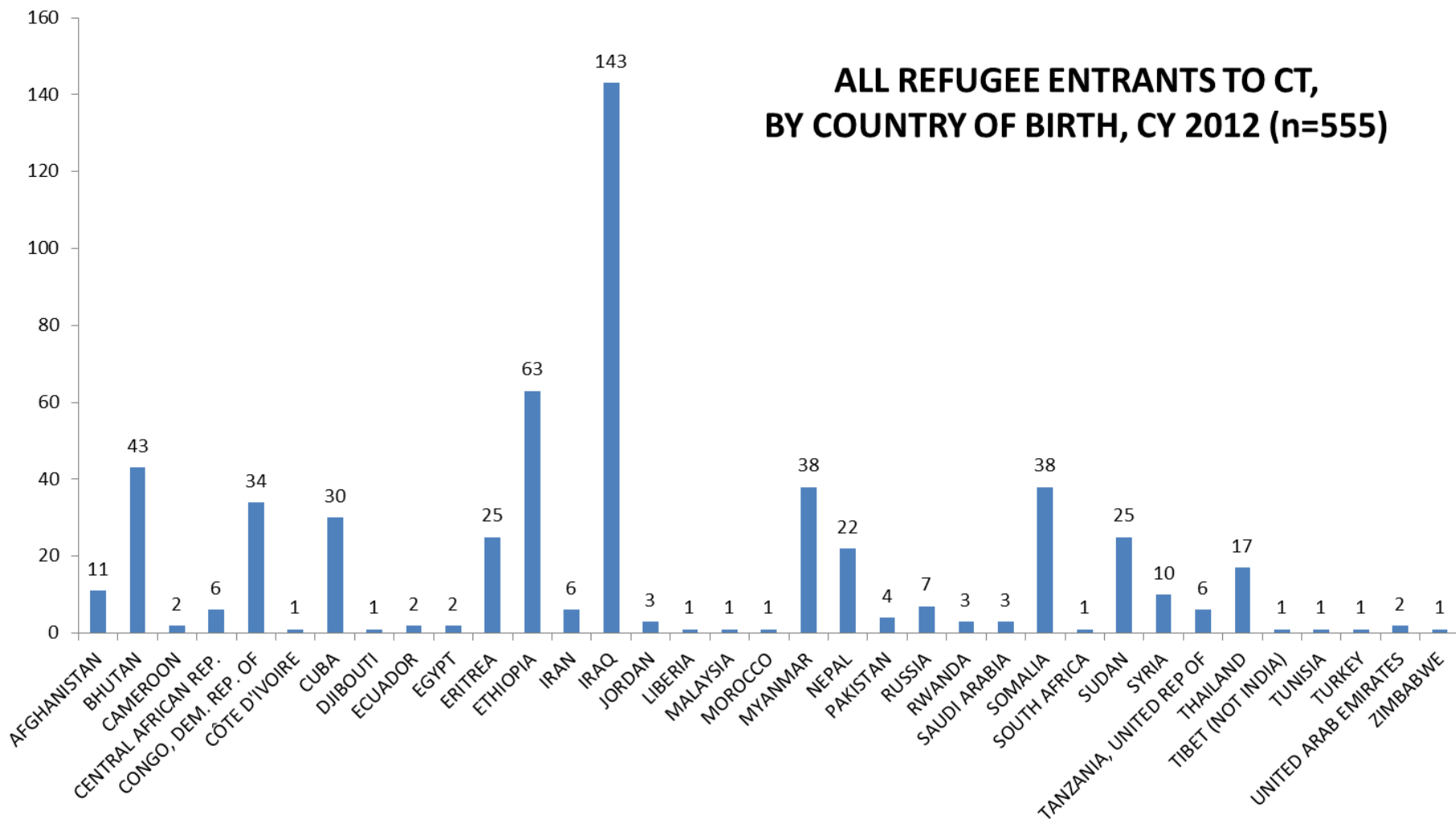
(U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM), Worldwide Refugee Admissions Processing System (WRAPS), Fiscal Years 1980 to 2012.)

# Refugee Statistics II: CT State



(CT Department of Social Services, Refugee Assistance Program.)

# Refugee Statistics III: Country of Birth



(CT Department of Public Health, Refugee and Immigrant Health Program, July 2013. Data may differ from DSS data due to secondary migration and CY calculations.)

# Refugee Health Statistics: Background

1. There is no national refugee health data repository.
2. There are some statistics about overseas refugee health, in countries of origin and in refugee camps (UNHCR Health Information System).
3. National movement toward standardization of refugee health assessment data (ORR, PRM, ARHC), but state-level problems with resources, capacity, and structures of RHPs make this difficult.
4. Reliance on high-capacity state departments of health, individual researchers, CDC/MMWR reports for published data on refugee health.

# Refugee Health Statistics: Tidbits

- **9.9% (26 of 262)** Burmese children tested had **elevated blood lead levels**, compared to <1% of all children tested between 8/2007-8/2008. according to the Fort Wayne-Allen (IN) County Dept. of Health.
- **Vitamin B12 deficiency** was found in **32% (19 of 60)** of Bhutanese refugees screened at the St. Paul, MN clinic (6/2009-1/2011).
- In a CT study, reflecting (predominantly Iraqi) refugee screenings from 2006-2010:
  - **47% of refugee adults and 20% of refugee children (>1 year old)** were diagnosed with **latent TB infection**.
  - **Mental health conditions were the leading chronic health problem** among refugee adults.
  - Over **67% of refugee adults and 31% of refugee children** were diagnosed or treated for **pain**.
- In 2010, the Refugee Health Program at the MN Dept. of Health found that of domestically-screened refugees:
  - **22%** were infected with at least one **pathogenic intestinal parasite**.
  - **5%** tested positive for **Hepatitis B** surface antigen.

# Refugee and Immigrant Health Program (RIHP)



# RIHP: Location and Goals

## Location:

- State of Connecticut Department of Public Health
- Infectious Disease Section
- Tuberculosis Control Program
- Refugee and Immigrant Health Program

## RIHP Goals:

- To decrease the likelihood of adverse effects on public health, or to identify persons with communicable diseases of potential public health importance
- To help address current refugee health issues promptly
  - US refugee resettlement self-sufficiency ideology
- To collect, analyze, and report health data with respect to refugee and immigrant health issues

# RIHP: Two Areas of Coordination

## TB Control Activities

- RIHP receives and sends notifications of overseas TB classifications for any refugee or permanent immigrant that enters Connecticut's jurisdiction. The RIHP collects, processes, analyzes, and reports any TB follow-up data that are returned to DPH.

## Refugee Health Assessments

- Federal guidelines recommend that all newly-arriving refugees receive a domestic health assessment within 30 days of arrival to the United States (CDC, ORR).
- RIHP assists Refugee Resettlement Agencies, sponsors, health care providers, and local health departments in their provision of domestic health assessments, and collects, processes, analyzes, and reports health data returned to DPH.

# Refugee Health Assessments (RHAs)

- Domestic health assessments may include screenings for TB, STDs, Parasites, and Lead, among other items.
  - Increasing rates of chronic diseases in refugee entrant populations
  - Difficulties with mental health provision, interpretation, reimbursement
- Refugee health assessments (RHAs) are performed in a variety of health care settings, such as refugee health clinics, community health centers, local hospitals, local health departments, and private providers' offices.

# RHAs: Forms and Supporting Documents

2/1/2013: Launched updated RHA form (2 pp.), Pocket Guide, Guidelines for RHA Form Completion, CDC Guidelines, and RIHP website.

**INITIAL REFUGEE HEALTH ASSESSMENT FORM**  
PAGE 1 OF 2 Released 1/25/2013

STATE OF CT DEPARTMENT OF PUBLIC HEALTH  
REFUGEE AND IMMIGRANT HEALTH PROGRAM  
410 CAPITOL AVE., HARTFORD, CT 06134-0308  
P.O. BOX 340308  
HARTFORD, CT 06134-0308  
VOICE: (860) 509-7742  
FAX: (860) 509-7743

PATIENT'S NAME: LAST, FIRST, MIDDLE \_\_\_\_\_ ALIEN #: \_\_\_\_\_ DATE OF HEALTH ASSESSMENT: MM DD YYYY

SEX:  M  F DATE OF BIRTH: MM DD YYYY

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

RACE (PLEASE CHECK ALL THAT APPLY):  
 AMERICAN INDIAN/ALASKA NATIVE  
 ASIAN  
 BLACK OR AFRICAN AMERICAN  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 WHITE

ETHNIC ORIGIN:  HISPANIC  
 NON-HISPANIC

COUNTRY OF BIRTH: \_\_\_\_\_ U.S. ENTRY DATE: MM DD YYYY

OVERSEAS TB CLASS A, B1, OR B2 STATUS? (REVIEW OVERSEAS DOCUMENTS)  
 NONE  YES, SPECIFY \_\_\_\_\_

LANGUAGE USED DURING ASSESSMENT: \_\_\_\_\_

**IMMUNIZATIONS**

1. REVIEW ALL OVERSEAS DOCUMENTS FOR PREVIOUS VACCINATIONS. 3. FOR POLIO: NUMBER OF OVERSEAS DOSES ON OVERSEAS DOCUMENTS (1, 2, 3, NONE).  
2. IF TITERS DONE: CIRCLE "Y" IF IMMUNE, "N" IF NOT IMMUNE, "I" IF INDETERMINATE. 4. IF VACCINATED IN U.S., NOTE FULL DATE (MM/DD/YYYY)

	IS PERSON IMMUNE?	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MEASLES	Y N I			
MUMPS	Y N I			
RUBELLA	Y N I			
DIPHTHERIA, TETANUS, AND PERTUSSIS	Y N I			
DIPHTHERIA - TETANUS	Y N I			
POLIO	1 2 3 NONE			
HEPATITIS B	Y N I			
HEPATITIS A	Y N I			
VARICELLA	Y N I			

HUMAN PAPILLOMA VIRUS \_\_\_\_\_  
ZOSTER (SHINGLES) \_\_\_\_\_  
HAEMOPHILUS INFLUENZA TYPE B \_\_\_\_\_  
PNEUMOCOCCAL \_\_\_\_\_  
INFLUENZA \_\_\_\_\_  
MENINGOCOCCAL CONJUGATE \_\_\_\_\_

IMMUNIZATION CATCH-UP SCHEDULE BEGUN?  YES  NO

**TUBERCULOSIS SCREENING & DIAGNOSIS - REPORT TESTS DONE IN U.S. ONLY**

**DATE OF TEST** MM DD YYYY

**TUBERCULOSIS SKIN TEST (TST)** MM DD YYYY  
MM INOURATION  POSITIVE  NEGATIVE  PENDING  NO TB INFECTION OR DISEASE  
 LATENT TB INFECTION (LTBI)  
REFERRED FOR FOLLOW-UP?  YES  NO  
APPOINTMENT DATE: MM DD YYYY

**INTERFERON-GAMMA RELEASE ASSAYS (IGRA)** MM DD YYYY  
IGRA TYPE:  QFT  POSITIVE  NEGATIVE  PENDING  T-SPOT  POSITIVE  NEGATIVE  PENDING  
LTBI TREATMENT STARTED?  YES  NO  UNKNOWN  
ACTIVE DISEASE - REFERRED FOR FOLLOW-UP  YES  NO  UNKNOWN  
APPOINTMENT DATE: MM DD YYYY

CHEST X-RAY: \*\* REPORT ONLY X-RAY DONE IN U.S.  NORMAL  ABNORMAL  PENDING  REFERRED FOR CHEST X-RAY  
 PENDING, FOLLOW-UP NEEDED

**HEPATITIS B & C SCREENING (DRAW BLOOD FIRST, THEN VACCINATE)**

**HBV**  
HBsAg  NEGATIVE  POSITIVE [IF POSITIVE, PATIENT IS INFECTIOUS]  INDETERMINATE  RESULTS PENDING  REFERRED FOR FOLLOW-UP?  YES  NO  
Anti-HBs  NEGATIVE  POSITIVE [IF POSITIVE, PATIENT IS IMMUNE]  INDETERMINATE  RESULTS PENDING  APPOINTMENT DATE: MM DD YYYY  
Anti-HBc  NEGATIVE  POSITIVE  INDETERMINATE  RESULTS PENDING

**HCV (ONLY FOR REFUGEES IN HIGH-RISK GROUPS. SEE CDC GUIDELINES)**  NEGATIVE  POSITIVE  INDETERMINATE  RESULTS PENDING

**INITIAL REFUGEE HEALTH ASSESSMENT FORM**  
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**HIV/ SEXUALLY TRANSMITTED INFECTIONS/ DISEASES**

**HIV** (TEST ALL PERSONS 13-64 YEARS OF AGE; NO OVERSEAS HIV TESTS ARE GIVEN AS OF 2010. SEE CDC GUIDELINES FOR SCREENING CHILDREN)  
 NEGATIVE  POSITIVE IF POSITIVE, FOLLOW-UP APPOINTMENT DATE: MM DD YYYY  PENDING  NOT DONE

**SYPHILIS** (TEST, REGARDLESS OF OVERSEAS RESULT. TEST IS ROUTINE FOR REFUGEES ≥15 YEARS OF AGE)  
VDRL/RPR:  NEGATIVE  POSITIVE  PENDING  NOT DONE  NA:  NEGATIVE  POSITIVE  PENDING  NOT DONE  
IF POSITIVE, CONFIRMATORY TEST (TPPA, FTA, ABS) DONE?  YES  NO } OR { IF BA POSITIVE, WERE VDRL/RPR AND/OR OTHER CONFIRMATORY TEST(S) DONE?  YES  NO  
TREATED?  YES  NO  REFERRED TREATED?  YES  NO  REFERRED

**DRACUNIASIS** (Women up to 26 years old; or older with risk factors.)  NEGATIVE  POSITIVE  PENDING  NOT DONE  
**GONORRHEA** (For specific groups - see CDC guidelines)  NEGATIVE  POSITIVE  PENDING  NOT DONE

**LABORATORY TESTS: LEAD SCREENING**

**URINALYSIS DONE?**  YES  NO **SERUM CHEMISTRY DONE?**  YES  NO **CHOLESTEROL DONE?**  YES  NO  
**LEAD SCREENING** (TEST ALL CHILDREN 6 MOS. TO 17 YRS. OLD)  YES  NO  RESULTS PENDING **RESULT (P):**  VENOUS  CAPILLARY  
**ERC WITH DIFFERENTIAL DONE?**  YES  NO  IF NOT DONE, REASON? \_\_\_\_\_

A. WAS EOSINOPHILIA PRESENT?  YES  NO B. IF EOSINOPHILIA PRESENT, REFERRED?  YES  NO **APPOINTMENT DATE:** MM DD YYYY

**INTESTINAL PARASITES & MALARIA SCREENING. (NOTE: CFC PHOTOGRAPHS ARE BASED ON OVERSEAS TREATMENT)**

**U.S. PRESUMPTIVE TREATMENT GIVEN?** **SCHISTOSOMA**  YES  NO **STRONGIDOL**  YES  NO  REFERRED FOR FOLLOW-UP?  YES  NO

**TESTING FOR PARASITES**  
**STOOL SPECIMEN (OVA & PARASITES)**  YES  NO  RESULTS PENDING  NO PARASITES FOUND  PARASITES FOUND \_\_\_\_\_  
**ANTHODOXY TEST**  YES  NO  RESULTS PENDING { **SCHISTOSOMA**  NEGATIVE  POSITIVE; TREATED?  YES  NO  TEST RESULT INDETERMINATE  
**STRONGIDOL**  NEGATIVE  POSITIVE; TREATED?  YES  NO  TEST RESULT INDETERMINATE

**MALARIA SCREENING**  YES  NO  RESULTS PENDING  NO MALARIA SPECIES FOUND  MALARIA SPECIES FOUND \_\_\_\_\_

**MENTAL HEALTH SCREENING**

**WAS A U.S. MENTAL HEALTH SCREENING PERFORMED?**  YES  NO  REFERRED FOR FOLLOW-UP?  YES  NO **APPOINTMENT DATE:** MM DD YYYY

**OTHER SCREENINGS CONDUCTED:**  
DENTAL  YES  NO  PENDING  REFERRED  
HEARING  YES  NO  PENDING  REFERRED  
VISION  YES  NO  PENDING  REFERRED  
NUTRITION/VITAMIN LEVELS  YES  NO  PENDING  REFERRED  
PREGNANCY  YES  NO  PENDING  REFERRED

**OTHER REFERRALS (CHECK ALL THAT APPLY):**  
 PRIMARY CARE  INFECTIOUS DISEASE  HIV/STD/STD  
 WOMEN'S HEALTH  NEWBORN SCREENING  PRENATAL CARE  
 NUTRITION/VITAMIN  HYPERTENSION  DIABETES  
 HEALTH EDUCATION  PARASITOLOGY  PAIN  
OTHER: \_\_\_\_\_

**COMMENTS / OTHER CONCERNS:** \_\_\_\_\_

PHYSICIAN'S NAME: LAST, FIRST \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_  
ADDRESS: (STREET, CITY, STATE, ZIP) \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PERSON COMPLETING REPORT \_\_\_\_\_ DATE OF THIS REPORT: MM DD YYYY

PLEASE SEND COMPLETED FORM TO: DEPARTMENT OF PUBLIC HEALTH, REFUGEE AND IMMIGRANT HEALTH PROGRAM, 410 CAPITOL AVE. 4th FLOOR, P.O. BOX 340308, HARTFORD, CT 06134-0308; CONFIDENTIAL FAX: 860-509-7743

# INITIAL REFUGEE HEALTH ASSESSMENT FORM: GUIDELINES FOR COMPLETION

Connecticut Department of Public Health  
Refugee and Immigrant Health Program

January 2013

Prepared by  
Alison Stratton, Ph.D.



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Refugee and Immigrant Health Program  
410 Capitol Avenue, MSB 11-7UB  
Hartford, CT 06134-0308  
Phone: 860-509-7722; Fax: 860-509-7743

## Guidelines (14 pp.)

## Pocket Guide (2 pp.)

	<b>REFUGEE HEALTH ASSESSMENT POCKET GUIDE</b> Connecticut Department of Public Health Refugee and Immigrant Health Program (Revised 1/25/2013) <span style="float: right;">p. 1/2</span>
<p>All refugees should have a comprehensive health assessment within 30 days of U.S. entry. Please complete the 2-page DPH Initial Refugee Health Assessment Form and return it to the DPH Refugee and Immigrant Health Program.</p>	
<p><b>SCREENING COMPONENTS</b> Review overseas documentation. Conduct medical history and physical exam including: dental, hearing, vision, nutrition, &amp; pregnancy assessments.</p>	
<p><b>IMMUNIZATION REVIEW AND UPDATE</b></p> <ul style="list-style-type: none"><li>Record previous vaccines, lab evidence of immunity or history of disease. Doses are valid if given according to the Connecticut DPH child or adult schedules. <b>DO NOT RESTART A VACCINE SERIES.</b></li><li>IF NO DOCUMENTATION, assume patient is <u>not</u> vaccinated.</li><li>Give age-appropriate vaccinations according to the Advisory Committee on Immunization Practices (ACIP) guidelines.</li></ul>	
<p><b>TUBERCULOSIS SCREENING AND DIAGNOSIS</b></p> <ul style="list-style-type: none"><li>Administer a Mantoux tuberculin skin test for patients &gt; 6 months of age <u>or</u> age-appropriate interferon-gamma release assay (IGRA), <b>regardless of BCG history.</b></li><li>Chest x-ray <b>MUST</b> be done <u>if</u>.<ul style="list-style-type: none"><li>Positive TST (&gt;10mm induration) or positive blood assay results <b>OR</b></li><li>TB Class A or B designation from overseas exam <b>OR</b></li><li>symptomatic, regardless of TST or IGRA results.</li></ul></li><li>Record diagnosis, referral, or whether treatment was prescribed and date started.</li></ul>	
<p><b>HEPATITIS B &amp; C SCREENING</b></p> <ul style="list-style-type: none"><li>Hepatitis B: <b>SCREEN ALL NEW ARRIVALS</b> for HBsAg, anti-HBs, and anti-HBc.<ul style="list-style-type: none"><li>Positive anti-HBs and /or anti-HBc indicates immunity; no HBV vaccine needed.</li><li>Positive HBsAg indicates patient is infectious.</li><li>Vaccinate previously unvaccinated and susceptible children and adults.</li><li>Refer persons with chronic HBV infection for additional ongoing medical evaluation.</li></ul></li><li>Hepatitis C: Screen <b>ONLY</b> refugees in high-risk groups: (e.g., IDUs, HIV+; body piercings/tattoos, etc.: see CDC guidelines).</li></ul>	
<p><b>HIV &amp; SEXUALLY TRANSMITTED INFECTIONS/DISEASES</b> Universal testing of HIV and syphilis for arrivals from mid-high HIV prevalence regions.</p> <ul style="list-style-type: none"><li>HIV: <b>All persons</b> 13-64 y.o.; Encourage screening for those ≤12 y.o. and ≥ 64 y.o.</li><li>Syphilis: All refugees ≥ 15 y.o. <b>regardless of overseas result.</b><ul style="list-style-type: none"><li>Screen for syphilis with VDRL/RPR or EIA; confirm.</li></ul></li><li>Chlamydia: Test women up to 26 y.o., or older with risk factors.</li><li>Gonorrhea: only for specific groups, see CDC guidelines.</li><li>Other STIs: Screen all sexually active patients for other STIs if appropriate.</li></ul>	

# Conclusion/ Questions

## References

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- Yun, K et al. 2011. Foundations for Health: Health and Health Care for Refugees during their First Year in Connecticut. [http://rwjcsp.unc.edu/alumni/news/Yun\\_Foundations\\_for\\_Health.pdf](http://rwjcsp.unc.edu/alumni/news/Yun_Foundations_for_Health.pdf). Accessed August 13, 2013.

# Thank You!

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